

MASSACHUSETTS GENERAL HOSPITAL

BOSTON, MASSACHUSETTS

PROGRESS NOTES

Enter name and unit number on both sides of EVERY sheet. Addressograph plate to be used when available. Name and unit number to be written distinctly when plate is not available.

Date

Req
Area

PATIENT IDENTIFICATION AREA

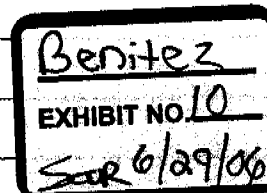
FLAVIA BENITEZ

MGH Unit No: 371-95-05

CHARLESTOWN HEALTH CENTER

NEUROLOGY

DATE	TIME	
		Date: February 11, 2000
		Flavia returns for follow-up of low back pain. She was initially evaluated January 21. An MRI was ordered at that time, performed January 22, and showed degenerative disc disease touching the exiting right L4 nerve root, no acute disc herniation, and probable hemangioma involving L4. She continues to have pain in her low back, more prominent on the right radiating down the right buttock but not down the leg. She denies any new numbness or weakness. She has been on Celebrex without significant improvement. She has not tried either physical therapy or muscle relaxants.
		No other new interval history.
		MEDICATIONS: Celebrex ? mg 1 tab b.i.d., Celexa q.d.
		ON EXAM: She has right midline tenderness at approximately L5 and right paraspinal tenderness. Straight leg raising increases back pain but no radiation. Power seems grossly intact though testing right iliopsoas and quadriceps increases her back pain and she is unable to full effort. Sensory exam intact to temperature and vibration. DTRs 2+ throughout including symmetric knee jerks.
		IMPRESSION: Low back pain due to DJD with degenerative disc disease at L4-5 touching the right L4 nerve root perhaps corresponding to the pain she is experiencing in her right buttock.
		Conservative treatment was recommended with physical therapy. She will continue on Celebrex and Flexeril 10 mg 1 b.i.d. p.r.n. was prescribed. She was given 60 tablets, no refill. A follow-up appointment was made for 2 months.
		<i>MEP</i> Marie Pasinski, M.D.
		MP/tpw/bjs
		cc: Andrew Chen, M.D.



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USE REVERSE SIDE

PLEASE DO NOT WASTE SPACE

MGH 0010267 REV 2/93 SOD/RKG